

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

**COMPANION GUIDE
FOR THE HIPAA
834 BENEFIT ENROLLMENT AND
MAINTENANCE ADDENDA,
VERSION 4010A1**

**HEALTHY KIDS DENTAL
(HKD)**

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Michigan Department
of Community Health





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This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Benefit Enrollment and Maintenance, ASC X12N 834 (004010X095)**, dated May 2000 (IG). It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. It does have the changes found in the Addenda (004010X095A1) to the IG. The clarifications described herein include:

- identifiers to use when a national standard has not been adopted, and
- parameters in the implementation guide that provide options.

Additional information on the Final Rule for Standards for Electronic Transmissions can be found at <http://aspe.os.dhhs.gov/admsimp/bannertx.htm>. The implementation guide can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp.

Line feeds

The 834 transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary formats. When downloading to ASCII, files will include line feeds. These control characters will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds.

This document includes clarifications for the following information:

- interchange control header and trailer,
- functional group header and trailer,
- 834 transaction set header and trailer, and
- detail segments and elements of the 834 transaction itself.

The interchange control header and trailer (ISA and ISE) are presented together in the first section of this document. The functional group header and trailer (GS and GE) are presented together in the second section of this document. The 834 transaction set header and trailer (ST and SE) are presented with the detail 834 segments and elements in the third section. Two appendices follow the detailed data clarifications; they contain crosswalks of elements cited in the data clarification comments column. The HIPAA 834 IG contains a description of the interchange control structure; refer to IG Appendix A, page A.1.

This document uses several text conventions to distinguish MDCH data elements from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) IG data elements. The following table lists the text conventions used in this document.

| Convention used | Explanation |
|-----------------|--|
| < > | Text included within < > describes what will be transmitted by MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>. |
| " " | Text with " " around a value represents HIPAA IG values. |
| () | The HIPAA IG description of the value in quotes, described above, is provided parenthetically. |



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Interchange Control Header & Trailer

| Page | Interchange Control | Control Segment | Data Element | Comments |
|--------------|---------------------|---|--|---|
| B.3 | Header | ISA – Interchange Control Header | ISA01 – Authorization Information Qualifier | “00” (no authorization information present) |
| B.3 | Header | ISA – Interchange Control Header | ISA02 – Authorization Information | <spaces> |
| B.4 | Header | ISA – Interchange Control Header | ISA03 – Security Information Qualifier | “00” (no security information present) |
| B.4 | Header | ISA – Interchange Control Header | ISA04 – Security Information | <spaces> |
| B.4 | Header | ISA – Interchange Control Header | ISA05 – Interchange ID Qualifier (sender) | “ZZ” (mutually defined) |
| B.4 | Header | ISA – Interchange Control Header | ISA06 – Interchange Sender ID | Positions 1-6, <D00111> Positions 7-15, <spaces> |
| B.4 – B.5 | Header | ISA – Interchange Control Header | ISA07 – Interchange ID Qualifier (receiver) | “ZZ” (mutually defined) |
| B.5 | Header | ISA – Interchange Control Header | ISA08 – Interchange Receiver ID | Positions 1-4, <service bureau ID> Positions 5-15 <spaces> |
| B.5 | Header | ISA – Interchange Control Header | ISA09 – Interchange Date | <interchange date>, in YYMMDD format |
| B.5 | Header | ISA – Interchange Control Header | ISA10 – Interchange Time | <interchange time>, in HHMM format. |



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| Page | Interchange Control | Control Segment | Data Element | Comments |
|------|---------------------|-----------------------------------|--|--|
| B.5 | Header | ISA – Interchange Control Header | ISA11 – Interchange Control Standards Identifier | “U” (U.S. EDI Community of ASC X12, TDCC, and UCS) |
| B.5 | Header | ISA – Interchange Control Header | ISA12 – Interchange Control Version Number | <00401> |
| B.5 | Header | ISA – Interchange Control Header | ISA13 – Interchange Control Number | <interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope. |
| B.6 | Header | ISA – Interchange Control Header | ISA14 – Acknowledgment Requested | “0” (no acknowledgment requested) |
| B.6 | Header | ISA – Interchange Control Header | ISA15 – Usage Indicator | “P” (production) or “T” (test) |
| B.6 | Header | ISA – Interchange Control Header | ISA16 – Component Element Separator | <:> |
| B.7 | Trailer | IEA – Interchange Control Trailer | IEA01 – Number of Included Functional Groups | <total number of functional groups> included within an interchange |
| B.7 | Trailer | IEA – Interchange Control Trailer | IEA02 – Interchange Control Number | <interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope. |



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Functional Group Header & Trailer

| Page | Functional Group | Control Segment | Data Element | Comments |
|------|------------------|-------------------------------|--|---|
| B.8 | Header | GS – Functional Group Header | GS01 – Functional Identifier Code | “BE” (benefit enrollment and maintenance, 834) |
| B.8 | Header | GS – Functional Group Header | GS02 – Application Sender’s Code | <D00111> |
| B.8 | Header | GS – Functional Group Header | GS03 – Application Receiver’s Code | <service bureau ID> |
| B.8 | Header | GS – Functional Group Header | GS04 – Date | <functional group creation date> in CCYYMMDD format |
| B.8 | Header | GS – Functional Group Header | GS05 – Time | <functional group creation time> in HHMM format |
| B.9 | Header | GS – Functional Group Header | GS06 – Group Control Number | <data interchange control number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group. |
| B.9 | Header | GS – Functional Group Header | GS07 – Responsible Agency Code | “X” (accredited standards committee X12) |
| B.9 | Header | GS – Functional Group Header | GS08 – Version/Release /Industry Identifier Code | <004010X095A1> |
| B.10 | Trailer | GE – Functional Group Trailer | GE01 – Number of Transaction Set Included | <total number of transaction sets> included in the functional group or interchange |
| B.10 | Trailer | GE – Functional Group Trailer | GE02 – Group Control Number | < data interchange control number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group. |



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Transaction Set

| Page | Loop | Segment | Data Element | Comments |
|-------|----------------------------|-----------------------------|---|---|
| 27 | Transaction Set Header | ST – Transaction Set Header | ST02 – Transaction Set Control Number | <transaction set control number> MDCH will assign a unique number within the transaction set, to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02. |
| 28-29 | Transaction Set Header | BGN – Beginning Segment | BGN01 – Transaction Set Purpose Code | “00” (original) “15” (re-submission) “22” (information copy) |
| 31 | Transaction Set Header | BGN – Beginning Segment | BGN06 – Reference Identification | <cross reference to previous transaction> Only transmit when BGN01 is not “00”. |
| 31 | Transaction Set Header | BGN – Beginning Segment | BGN08 – Action Code | “4” (verify) for a full file audit transaction. |
| 34 | Transaction Set Header | DTP – File Effective Date | DTP01 – Date/Time Qualifier | “007” (effective) for a full file audit |
| 36 | 1000A – Sponsor Name | N1 – Sponsor Name | N102 – Name | <Department of Community Health> |
| 36 | 1000A – Sponsor Name | N1 – Sponsor Name | N103 – Identification Code Qualifier | “FI” (Federal Taxpayer’s ID Number) |
| 38 | 1000B -- Payer | N1 – Payer Name | N102 – Name | <Plan name> |
| 38 | 1000B -- Payer | N1 – Payer Name | N103 – Identification Code Qualifier | “FI” (Federal Taxpayer’s ID Number) |
| 44 | 2000 – Member Level Detail | INS – Member Level Detail | INS01 – Yes/No Condition or Response Code | “Y” (yes) – insured is always the subscriber |
| 44 | 2000 – Member Level Detail | INS – Member Level Detail | INS02 – Individual Relationship Code | “18” (self) – insured is always the subscriber |
| 45 | 2000 – Member Level Detail | INS – Member Level Detail | INS03 – Maintenance Type Code | “030” (Audit or Compare) |
| 46-47 | 2000 – Member Level Detail | INS – Member Level Detail | INS04 – Maintenance Reason Code | “XN” (notification only). |
| 47 | 2000 – Member Level Detail | INS – Member Level Detail | INS05 – Benefit Status Code | “A” (active) |



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| Page | Loop | Segment | Data Element | Comments |
|-------|----------------------------|------------------------------------|--|---|
| 48 | 2000 – Member Level Detail | INS – Member Level Detail | INS06 – Medicare Plan Code | Refer to Appendix A |
| 49 | 2000 – Member Level Detail | INS – Member Level Detail | INS08 – Employment Status Code | “FT” (full-time) for enrolled members. |
| 51 | 2000 – Member Level Detail | REF – Subscriber Number | REF01 – Reference Identification Qualifier | “0F” (subscriber number) |
| 52 | 2000 – Member Level Detail | REF – Subscriber Number | REF02 – Reference Identification | <recipient ID> Recipient ID will be 9 characters. |
| 53 | 2000 – Member Level Detail | REF – Member Policy Number | REF01 – Reference Identification Qualifier | “1L” (group or policy number) |
| 53 | 2000 – Member Level Detail | REF – Member Policy Number | REF02 – Reference Identification | <provider ID> Provider ID will be up to 12 characters. |
| 56 | 2000 – Member Level Detail | REF – Member Identification Number | REF01 – Reference Identification Qualifier | “3H” (case number) |
| 56 | 2000 – Member Level Detail | REF – Member Identification Number | REF02 – Reference Identification | <case number> |
| 59-60 | 2000 – Member Level Detail | DTP – Member Level Dates | DTP01 – Date/Time Qualifier | “356” (eligibility begin) for new enrollment |
| 60 | 2000 – Member Level Detail | DTP – Member Level Dates | DTP03 – Date Time Period | <enrollment begin date> |
| 62 | 2100A – Member Name | NM1 – Member Name | NM101 – Entity Identifier Code | “IL” (insured or subscriber) |
| 62 | 2100A – Member Name | NM1 – Member Name | NM102 – Entity Type Qualifier | “1” (person) |
| 62 | 2100A – Member Name | NM1 – Member Name | NM103 – Subscriber Last Name | <member last name> |
| 62 | 2100A – Member Name | NM1 – Member Name | NM104 – Subscriber First Name | <member first name> If member first name is missing, MDCH will transmit <Unknown>. |
| 62 | 2100A – Member Name | NM1 – Member Name | NM105 – Subscriber Middle Name | <member middle name> when available |



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| Page | Loop | Segment | Data Element | Comments |
|---------|----------------------------|---|---------------------------------------|---|
| 62 | 2100A – Member Name | NM1 – Member Name | NM107 – Name Suffix | <member name suffix> when available |
| 63 | 2100A – Member Name | NM1 – Member Name | NM108 – Identification Code Qualifier | “34” (Social Security Number) when available |
| 63 | 2100A – Member Name | NM1 – Member Name | NM109 – Identification Code | <member SSN> |
| 69 | 2100A – Member Name | N4 – Member Residence City, State, ZIP Code | N405 – Location Qualifier | “CY” (county/parish) |
| 69 | 2100A – Member Name | N4 – Member Residence City, State, ZIP Code | N406 – Location Identifier | <County> |
| 72 | 2100A – Member Name | DMG – Member Demographics | DMG05 – Race or Ethnicity Code | Refer to Appendix B |
| 79 | 2100A – Member Name | LUI – Member Language | LUI01 – Identification Code Qualifier | “LE” (ISO 639 Language Codes) |
| 79 | 2100A – Member Name | LUI – Member Language | LUI02 – Identification Code | MDCH will use the ISO 639-1 version of the ISO 639 language codes. |
| 79 | 2100A – Member Name | LUI – Member Language | LUI04 – Use of Language Indicator | “7” (language speaking) |
| 115-116 | 2100G – Responsible Person | NM1 – Responsible Person | NM101 – Entity Identifier Code | “GD” (guardian) or “QD” (Responsible Party) |
| 116 | 2100G – Responsible Person | NM1 – Responsible Person | NM102 – Entity Type Qualifier | “1” (person) |
| 116 | 2100G – Responsible Person | NM1 – Responsible Person | NM103 – NM105 and NM107 | <Guardian> or <Case> Responsible Party Middle Name and Suffix Name will be transmitted when available. |
| 128-129 | 2300 – Health Coverage | HD – Health Coverage | HD01 – Maintenance Type Code | “030” (audit or compare) |
| 129-130 | 2300 – Health Coverage | HD – Health Coverage | HD03 – Insurance Line Code | “DCP” (Dental Capitation) |



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| Page | Loop | Segment | Data Element | Comments |
|--|---------------------------------|-------------------------------------|--|---|
| 130-131 | 2300 – Health Coverage | HD – Health Coverage | HD05 – Coverage Level Code | “IND” (individual) |
| 132-133 | 2300 – Health Coverage | DTP – Health Coverage Dates | DTP01 – Date/Time Qualifier (health coverage begin date) | “348” (benefit begin) |
| 133 | 2300 – Health Coverage | DTP – Health Coverage Dates | DTP03 – Date Time Period | <enrollment begin date> for new and continuing members |
| 135-136 | 2300 – Health Coverage | REF – Health Coverage Policy Number | REF01 – Reference Identification Qualifier | “17” (Client Reporting Category) |
| 136 | 2300 – Health Coverage | REF – Health Coverage Policy Number | REF02 – Reference Identification | <p><client reporting category></p> <p>The client reporting category will include concatenated <program code, level of care, scope, coverage, and Delta Dental district code>. The element is 9 characters long. . The sequence of the components is: 1 for program code, 2 for level of care, 1 for scope, 1 for coverage, and 4 for the Delta Dental district code.</p> <p>The element components will be populated when available and filled with <space (s)> when not available.</p> |
| When other insurance information for a member is in the MDCH Third Party Liability database, the information will be transmitted in the HIPAA-mandated 834 transaction in the 2320 coordination of benefits (COB) loop. It is the responsibility of the health plan to verify the information in the COB loop. | | | | |
| 150 | 2320 – Coordination of Benefits | COB – Coordination of Benefits | COB01 – Payer Responsibility Sequence Number Code | <p>“U” (unknown) or “S” (secondary)</p> <p>Note: Medicaid is always payer of last resort.</p> |
| 151 | 2320 – Coordination of Benefits | COB – Coordination of Benefits | COB02 – Reference Identification | <policy number> |
| 151 | 2320 – Coordination of Benefits | COB – Coordination of Benefits | COB03 – COB Code | “1” (coordination of benefits) |



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|---------|---------------------------------|-----------------------------------|--|---|
| 152-153 | 2320 – Coordination of Benefits | REF – Additional COB Identifiers | REF01 – Reference Identification Qualifier | “A6” (employee identification number) |
| 153 | 2320 – Coordination of Benefits | REF – Additional COB Identifiers | REF02 – Reference Identification | <contract number> |
| 152-153 | 2320 – Coordination of Benefits | REF – Additional COB Identifiers | REF01 – Reference Identification Qualifier | “6P” (group number) |
| 153 | 2320 – Coordination of Benefits | REF – Additional COB Identifiers | REF02 – Reference Identification | <carrier ID> |
| 152-153 | 2320 – Coordination of Benefits | REF – Additional COB Identifiers | REF01 – Reference Identification Qualifier | “60” (account suffix code) |
| 153 | 2320 – Coordination of Benefits | REF – Additional COB Identifiers | REF02 – Reference Identification | <health scope code> |
| 154 | 2320 – Coordination of Benefits | N1 – Other Insurance Company Name | N102 – Name | <carrier name> |
| 155 | 2320 – Coordination of Benefits | N1 – Other Insurance Company Name | N103 – Identification Code Qualifier | “FI” (Federal Taxpayer's ID) When available, this element will be transmitted. |
| 156 | 2320 – Coordination of Benefits | DTP – COB Eligibility Dates | DTP01 – Date/Time Qualifier | “344” (COB begin) |
| 157 | 2320 – Coordination of Benefits | DTP – COB Eligibility Dates | DTP03 – Date Time Period (begin) | <COB begin date> |
| 156 | 2320 – Coordination of Benefits | DTP – COB Eligibility Dates | DTP01 – Date/Time Qualifier | “345” (COB end) |
| 157 | 2320 – Coordination of Benefits | DTP – COB Eligibility Dates | DTP03 – Date Time Period (end) | <COB end date> |



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| Page | Loop | Segment | Data Element | Comments |
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| 158 | Transaction Set Trailer | SE – Transaction Set Trailer | SE01 – Number of Included Segments | < total number of segments included in a transaction set> including ST and SE segments |
| 158 | Transaction Set Trailer | SE – Transaction Set Trailer | SE02 – Transaction Set Control Number | <transaction set control number> MDCH will transmit identical transaction set control numbers in ST02 and SE02. |



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Appendix A: Crosswalk for Medicare Plan Code, 2000 INS06

| Proprietary Codes -- State of Michigan Family Independence Agency Reference Codes Manual 1-1-2000 | | HIPAA Codes -- HIPAA 834 Transaction Medicare Plan Code (2000 INS06) | |
|---|---|--|---------------------------------------|
| Proprietary Code | Description - Medicare Other Insurance (OI) Code | HIPAA Code | Description of HIPAA 2000 INS06 Codes |
| 90 | Recipient qualifies for or is enrolled in Medicare Part B. | B | Medicare Part B |
| 91 | Recipient qualifies for or is enrolled in Medicare Parts A and B. | C | Medicare Part A and B |
| 92 | Recipient qualifies for or is enrolled in Medicare Part B only and has Blue Cross/Blue Shield. | B | Medicare Part B |
| 93 | Recipient qualifies for or is enrolled in Medicare Part B only and has other medical insurance. | B | Medicare Part B |
| 94 | Recipient qualifies for or is enrolled in Medicare Parts A and B and has Blue Cross/Blue Shield. | C | Medicare Part A and B |
| 95 | Recipient qualifies for or is enrolled in Medicare Parts A and B and has other medical insurance. | C | Medicare Part A and B |
| 96 | Medicare HMO (to be identified and coded by Revenue and Reimbursement Division staff only). | C | Medicare Part A and B |



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**Appendix B: Crosswalk for Race or Ethnicity Code, 2000 DMG05
(Includes values in the IG Addenda)**

| Proprietary Codes -- | | HIPAA Codes -- | |
|---|--|---|---------------------------------------|
| MDCH Data Warehouse and CIS Program Reference Manual | | HIPAA 834 Transaction Race or Ethnicity Code 2100A DMG05 | |
| Proprietary Code | Description | HIPAA Code | Description of HIPAA 2100 DMG05 Codes |
| 1 | Caucasian | O | White (Non-Hispanic) |
| 2 | Black | N | Black (Non-Hispanic) |
| 3 | American Indian | I | American Indian or Alaskan Native |
| 4 | Other (includes Asians and Pacific Islanders) | E | Other Race or Ethnicity |
| 5 | Unknown | 7 | Not Provided |
| 6 | Hispanic | H | Hispanic |
| A | Migrant Caucasian | O | White (Non-Hispanic) |
| B | Migrant Black | N | Black (Non-Hispanic) |
| C | Migrant American Indian | I | American Indian or Alaskan Native |
| D | Migrant Other (includes Asians and Pacific Islanders) | E | Other Race or Ethnicity |
| E | Migrant Unknown | 7 | Not Provided |
| F | Migrant Hispanic | H | Hispanic |